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EPIDEMIC CHOLERA  
DIARRHŒA AND DYSENTERY.

POINTING OUT AN EFFECTUAL AND EXPEDITIOUS

METHOD OF CURE.



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BY J. H. COLEMAN, M.D.

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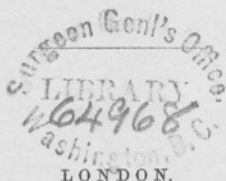
METHOD OF CURE.

WITH CASES SUBMITTED TO THE MEDICAL COUNCIL OF THE  
BOARD OF HEALTH, DURING THE  
EPIDEMIC OF 1854.

BY

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With the Author's

Kind Compliments

The following brief Treatise, comprising the chief facts of the Author's experience respecting Epidemic Cholera, is offered to the Profession, and to the Public, in gratitude for the benefit himself and his family derived from the treatment therein set forth. If it tend to save the lives of his fellow creatures, and to relieve public anxiety, his purpose will be fulfilled.

LONDON, October, 1856.



TREATMENT  
OF  
EPIDEMIC CHOLERA,  
DIARRHŒA AND DYSENTERY.

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Few calamities have of late years caused so much alarm in this metropolis as the epidemic cholera, which raged in the years 1832, 1849, and 1854, nor has any disease excited greater agitation amongst medical practitioners; consequently, much has been written on the subject. Indeed, so many ingenious theories have been advanced to account for its existence, and to devise methods of treatment, and so many systems of hygiene and regimen have been suggested, that no slight hazard might be deemed inseparable from an attempt to enlarge upon it. Confidence in the capability of attaining a useful result is undoubtedly requisite to justify the undertaking.

The duties and responsibilities of the profession extend beyond mere personal attendance upon the few, and attainment of individual exemption from suffering; hence our best intentions if unaccompanied by unceasing efforts to extend to mankind in general the benefits of every addition to our

stock of knowledge, will scarcely meet the demands of duty. When the lives of thousands may be dependant upon the accuracy of our observations, the faithfulness with which our experience is recorded, and the promptitude with which we apprehend and adopt every useful discovery, how incumbent is it to strive to fulfil the conditions we impose upon ourselves, undeterred by the opposition of routine or prejudice. How much is our responsibility increased when we reflect that succeeding generations might have to reproach us for neglecting to guard them from the ravages of so fearful an enemy as this pestilence, when it appears to be in our hand to do it. The dreadful fatality of the epidemic of 1854 impressed upon the profession of medicine the necessity for every endeavour to relieve those popular apprehensions which furnished fuel to the plague.

Deeply sensible of the privilege I enjoyed at that time in being able to claim the right of endeavouring to calm public alarm, in consequence of passing happily through that ordeal, without having to regret a deficiency in the agents at command for controlling the epidemic, whilst such failure was the subject of lamentation, I confidently recommend the treatment which was then forced upon my adoption.

I have to deplore that circumstances beyond my control prevented me from obtaining publicity for the facts at a period, when they might have served to guide the practice of many engaged in contending



with the fatal disorder. Having taken all the measures for that purpose which appeared to me to be requisite, it remained only to me to endure that painful consciousness of being able to benefit many but for the impediments of opposing prejudices. I may not be reproached now, as I then was, with hastily proffering a crudity, more than two years having transpired since the plague was at its height—affording ample opportunity for reconsidering and verifying the deductions arrived at during the period of action.

Hitherto the cure of cholera has been deemed almost hopeless by physicians. Dr. Watson, treating of the epidemic of 1831-2, remarks, "Never, certainly, was the artillery of medicine more vigorously plied—never were troops, regular and volunteer, more meritoriously active. To many patients, no doubt, the busy interference made all the difference between life and death. But if the balance could be fairly struck, and the exact truth ascertained, I question whether we should find that the aggregate mortality from cholera in this country was any way disturbed by our craft. Excepting always the cases of preliminary diarrhoea, just as many, though perhaps not the same individuals, would probably have survived had no medication whatever been practised."

In 1854 the matter had not acquired a much more favorable aspect, for the Committee appointed by the Medical Council of the Board of Health, in

summing up the chances of arriving at any method of treating cholera, with tolerable certainty of success, report as the result of their deliberations, that "little hope remains, excepting by a happy chance "of empiricism." It is also to be collected from their calculations, that in London itself the epidemic proved fatal, under average conditions of exposure, to about seventy-one persons in each ten thousand of the population, which at the period of the year when it proved most destructive is always reduced, whilst from the apprehensions thence entertained, many of the inhabitants usually in permanent residence were driven from their homes, so that this estimate might be taken as a fraction only of the actual proportional mortality. That diarrhoea, the mildest form for which remedial measures were demanded exhibited, as a general rule, a mortality of 1.65 per cent., and in the more virulent cases, viz., those characterized by collapse, 67 per cent. fell victims. Even of those subjected to the mode of treatment most eulogised by the committee, the deaths amounted to  $59\frac{2}{3}$  per cent.

Nevertheless, centuries before its reappearance in this country in 1831, cholera had received more attention from the profession than has been afforded to almost any specialty. It had in our era long been a terror to the east; it was for years progressing westward, and ultimately, by the actual devastation it produced here, commanded universal consideration. Throughout these periods physicians have inces-

santly pursued their researches into its nature: no effort which science could devise or hope inspire being omitted to check or moderate its career. Success is claimed for hygiene alone. The whole world has suffered, in a greater or less degree, from its visitations—now raging in the torrid zone, or under excessive heat, then in an extreme degree of cold, sometimes accompanied by a desiccated atmosphere, at others with great precipitation of moisture, generally in a low and contaminated position, but sometimes in an elevated and otherwise pure locality; under each condition merely acquiring some modification of symptoms, often presenting very little diminution of lethality.

Epidemic cholera is now generally considered to depend upon, or at least to be closely connected with, a peculiar condition of some portion of the congeries of our planet, which is almost inappreciable by any instruments we have hitherto noticed, of a less delicate construction than the complex frame we inhabit. Whatever be the nature of this influence it is ranked as meteoric. At times it prevails, if not universally, very extensively over the earth's surface, but in a more concentrated form, if we judge by the effects it produces, in particular localities; as, for instance, upon the low and marshy borders of rivers. Its presence is announced by a prevailing state of bodily depression, producing effects similar in some respects to, but of a more fugitive nature than, the diathesis we term scorbutic, in

which the sufferer, unconscious of his vital debility, so long as he refrains from exertion, may suddenly succumb to an insignificant movement. It also exhibits phenomena common with certain forms of dyspepsia, inducing faintness, and with the condition in which travellers have found themselves at great altitudes above the earth. Lieutenant Wood, when traversing the Himalayas above the line of congelation, we are told, experienced a remarkable feeling of exhaustion, and wishing to ascertain the depth of a lake, tried to make an opening in the ice, but found the slightest muscular exertion attended with such exhaustion that half a dozen strokes with an axe brought the workmen to the ground, and although a few minutes' respite sufficed to restore the breath, anything like continued exertion was impossible; the voice being also sensibly affected. Saussure experienced effects somewhat similar upon Mont Blanc, together with headache, dizziness, loss of appetite, and thirst only appeasable by cold water.

Before entering upon the question of treatment, some interesting points suggest themselves for consideration. Is there any specific distinction between cholera and diarrhoea, when prevailing coincidently? The majority of cases commence as diarrhoea, of which therefore cholera may be considered the sequence or ultimate stage. Pathologically, we find in cholera, that although the presence of bile in the evacuations, which constitutes a pathognomonic distinction, has ceased, this does not arise from defective supply of

that secretion ; it no longer flows, it is true, being in fatal cases found collected in considerable quantity in the gall bladder, the liver and primæ viæ appearing to have been engaged with unusual activity in their secreting processes, whilst the functions of the absorbents, on the contrary, seem to have been in abeyance. As no obstruction is found in the gall ducts after death, nor tumefaction at the point of immergence of the ductus communis into the intestine, and as the bile found in the gall bladder is not always greatly inspissated, the impediment to its exclusion may be fairly conjectured to consist, most frequently, either in a spasmodic or a paralyzed condition of those tubes. The nerves of sensation generally seem paralyzed, whilst some of the nerves of motion readily take on a spasmodic condition. The consequent vomiting presents an analogy to what takes place whenever similar obstructions happen, being more or less permanent, when inspissated bile forms the impediment, and pointedly recurrent upon impaction of gall stones in the ducts.

Epidemic and sporadic cholera, under similar atmospheric conditions, should probably be considered identical. But cholera, as well as diarrhœa, is capable of production by causes so dissimilar that it would be unreasonable, when the instances are few and purely accidental, to expect absolute identity in every particular ; therefore, the same treatment does not always suffice in both these

varieties ; the accidental, or sporadic, requiring the most adaptation and diversity of remedial measures, according to the circumstances under which it occurs.

Contagion must be admitted as an occasional mode of propagation of epidemic cholera, although the usual exciting causes are obviously offending matters introduced by means of the alimentary or aerating organs. An established predisposition seems requisite, which is supplied by the prevailing influence, alluded to as enveloping, or permeating the medium in which we exist. It may also be acquired by fasting, depressing passions, over-exertion, the use of too much clothing in hot weather, or of too little in cold. The water used for drinking, and the diet, as it respects quantity and quality, materially influence the elimination of the specific powers of the malaria. It has generally been observed that the female sex is the most liable to cholera, and that it proves more frequently destructive to them than to males. Some cases are fully established without any evident preliminary. It even occasionally proves instantaneously fatal. In other instances, gradually undermining the vital forces, it drags on a slow length of varying intensity. Some, in an apparently hopeless condition, rally and recover so rapidly as to preclude the supposition of organic derangement. The tenacity of life too is singular, and the instances related of resuscitation are miraculous. The former evidenced by convulsive

movements, observed hours after apparent death ; of the latter may be adduced the instance of the two seeming corpses laid out of doors in the depth of winter in Persia during the epidemic of 1829, and resuscitated by ice-cold water, which was used merely for the purpose of washing them previous to interment, as mentioned by Dr. Bell in his treatise on cholera.

I am constrained to consider consecutive fever a modification incidental to the treatment, or dependent upon some peculiar circumstances not as yet appreciated. I only met with it in one case, whilst to a professional friend it occurred in nearly every instance, although his cases were extensively scattered over the metropolis and its environs.

In 1854 some of the cases it fell to my lot to treat received closer consideration than can ordinarily be afforded in the routine of practice, the sufferers being members of my own family. I had, moreover, an opportunity of testing the method of treatment, which I was ultimately led to adopt, by trying it upon myself, an advantage of no slight moment, as I have often found, and leading to more accurate conclusions than it is possible to arrive at in experiments upon others. From the premises carefully considered I became convinced, and have had abundant reason to be confirmed in the persuasion, that of all the epidemics I have witnessed during forty years' engagement amongst some of the most prevalent, I never met with one so completely under



control by the resources of our art, either in regard to the certainty or promptness of the relief to be afforded. Having arrived at this conclusion, I was naturally anxious all interested should partake of my confidence. But I soon made the discovery, that hope deferred had sickened the hearts of my compeers. For however rife a speculative desire for improvement might be, faith in the probability of its accomplishment by the profession was extinct and not to be easily resuscitated. Nor were the organs of public opinion, as they are designated, less averse to entertain the expectations I felt myself justified in holding out. This should not excite surprise. The mind, in its happiest moods, sometimes exercises its powers of investigation in a wrong direction. Notwithstanding numerous antecedent failures from this course, we still, even when guided by scientific analogies, often seek from agents of manifest potency results, which we are at last reduced to confess, are only to be acquired from mild, and to us *a priori* apparently impotent, sources. We often also especially discard promises which seem too readily advanced and beyond our previous conceptions of probability, thus unconsciously sacrificing duty at the shrine of prejudice. I was only saved from such a catastrophe by the circumstance of my first three alarming cases occurring in my own family.

H. J., æt. 47, was seized in the morning early, on Sunday, August 13, 1854, with cholera, without



premonition. The chief symptoms were tumidity and pain in the situation of the caput cæcum coli, vomiting and dejection of great quantities of rice-watery fluid. No time was lost by delay or inactivity. The first remedy I resorted to was sulphuric acid. It was persisted in for several hours without the slightest benefit. At intervals during the period a drop of essence of peppermint afforded transient relief to the uneasiness of the stomach. About noon ten drops of Tinct. Opii were added to the peppermint, with the effect of diminishing the discharges. The dose was therefore doubled, by which means they were entirely restrained; but such distressing depression was produced by the opiate, that I felt compelled to exhibit powerful diffusive and local stimulants. Large quantities of wine and spirits, diluted or pure, as the thirst, which was urgent, and other symptoms seemed to demand, were administered with the effect of counteracting the depression. Æther (by inhalation) was also tried, as well as cayenne pepper and ammonia, but without any manifest advantage. Neither the pungency of the spirits nor the acidity of the cayenne were perceived by the mouth, palate, tongue, fauces or stomach. The impression of warmth usually communicated to those parts of the body by these stimuli was not perceptible; neither did the alcoholic fluid exercise its ordinary influence upon the sensorium. Although on Monday the disease had disappeared, general malaise remained. During

Tuesday health was considered to be restored. On Wednesday, 16th, a relapse occurred. The opiate and stimulants were again brought into requisition with the same results, leaving an impression on my mind that the remedy was too distressing for repetition, and that the effects it produced were not sufficiently permanent to afford a hope of its enabling us to resist a more violent attack. Citrate of Potash in effervescence had been frequently administered from the commencement. Therefore, when on Thursday morning early the disease reappeared with augmented severity, accompanied with great depression, I feared to repeat the opiate, having more apprehension of the remedy than of the disease. Collapse supervened at mid-day, threatening a fatal issue. Relief now, consistently with safety, as it seemed to me, could only be obtained from peppermint, the effect of which was so transient that I ventured not to expect a recovery. The tongue was cold, the voice a mere whisper, the extremities were frigid, the features blanched and contracted. Sufficient strength yet remained to permit the sufferer to get out of bed. At length she had the appearance of a moribund scorbutic. Nevertheless the mind was clear, composed, and apparently regardless of the threatened extinction of its powers; capable of reasoning upon the hopeless condition of its tenement. The sight was unimpaired, hearing acute, but the sense of touch was so much blunted that the whole body

felt as if benumbed. Life seemed but to linger flickering in the frame. In this crisis I rapidly recapitulated the shades of advantage and failure which had followed my various efforts to afford relief, and inferred thence, that if any drug could be found possessing the virtues of peppermint in a less evanescent degree, it might possibly afford ground for hope. Camphor then suggested itself to my mind. I therefore determined to try it, and combined therewith aromatic confection as a carminative, according to the following prescription:—

R. Pulv. Camphoræ gr. iii.

Pulv. Confec. Aromat. gr. xv. M. ft. Pulvis.

ex aquâ statim sumendus.

My joy and astonishment were great at perceiving an immediate amendment. In a quarter of an hour, or less, all symptoms of cholera had vanished, leaving scarcely any traces, excepting debility, of the recent existence of so terrible a malady. The pulse, warmth, colour and sensibility returned, and alimentation proceeded as if no interruption to health had occurred. This sudden revulsion, I have ever since observed, invariably to succeed the administration of this remedy, not only during the epidemic of 1854, but also in 1855 and during the present year, in the same forms of the complaint, *i. e.* in true diarrhoea, whether choleraic or otherwise, occurring whilst the higher atmospheric temperature prevailed. Upon the disappearance of the symptoms, as during their presence, in the case in hand and in

all I have subsequently seen, the stomach-bore more favourably a solid and substantial diet than one composed of warm slops.

I was not at the time quite disposed to attribute recovery to the last dose of medicine exhibited. On the contrary, I felt puzzled at the phenomena. So many remedies had been tried, that I scarcely ventured to concede an assent to the possibility of such immediate and wonderful alterations ensuing from so trifling an appliance, notwithstanding the preconcerted intention with which I had resorted to it; but fancied that the combined operations of all, or the delayed benefit from some one, of the numerous remedies I had employed, must have influenced the result. Reflecting also that the disease had a character for caprice, I thought it possible recondite natural causes might have much to do with the admirable exemption of the patient from impending dissolution. I however distributed the prescription amongst patients and friends for trial, and received reports of its success from several parties, with an account of some of the cases, but not before I had myself verified and confirmed its efficacy by repeated observations. Nor was it until after I had witnessed several decided instances that I could resolve to credit the evidence of my senses, as to the full power of the remedy. But the same consequences pointedly resulting in successive cases, from the same appliances, I could no longer resist the evidence, nor doubt that this simple camphorated

aromatic was equal to the expulsion of the formidable enemy. I then administered it promptly, and in each case with so happy a result that the disease vanished as if by magic ; that is, so long as the type continued to be that of true cholera or diarrhoea, through the hot months of August and September. Some uneasiness returned occasionally in the case I have related. If slight it was dissipated by a glass of camphor julep, if more pressing by three grains of camphor, which was preferred singly in the absence of any profluvium, as less exciting than when combined with the aromatic, an inconvenient flushing of the face being caused by the addition.

The second case that came under my personal observation was that of one of my sons.

August 27, at 3, A.M., F. C. J., æt. 8, was attacked by cholera. About this period of the distemper Castor Oil had been very confidently recommended by the journals. Not having become decidedly convinced that the camphorated aromatic deserved the credit of the cure in the former instance, I heeded the assurances published, and gave him a dose of Castor Oil immediately:

At 11, A.M., finding no amendment, I exhibited three grains of camphor in a draught, with instant relief. From this result I inferred that the first case had derived much of the astonishing advantage I had witnessed from the last dose taken, since here was only the useless, if not injurious, castor oil to interfere with the ordinary course of the disease.

Concurrently I commenced with castor oil in the third case.

August 27th, half-past 7, A.M., J. W. J., æt. 16, was seized with cholera. R. Ol. Ricini f3j., Tinct. Opii gtt. iv. Misce ft. Haust. ex aquâ statim sumendus. Camphor mixture for ordinary beverage. Abstain from warm fluids. Relieved, with gradual amendment.

August 29th. Relapse. Take the camphorated aromatic as prescribed in Case 1st. Upon this the cholera instantly and entirely disappeared.

September 3rd. Fever supervened, which was treated by febrifuge salines, æther, camphor combined with Dr. James' Powder, and quinine. The cure was complete on the 10th. This was the only case in which I met with consecutive fever.

Case 4th. Mrs. C., æt. 30. On the 28th had forty dejections in the course of the day. In the evening took two doses of the camphor with aromatic confection, and recovering speedily, it is probable the second dose was superfluous.

Case 5th. Policeman 82 D, August 29th, at noon stated he was suffering from the prevailing disease. Had been two days under treatment by Mr. Vickers, of Baker-street, Portman-square, who had seen and prescribed for him that morning; as he was much worse, and feared it was useless to expect another visit from Mr. V., I gave him my prescription. At 4, P.M., he reported himself cured, having taken two doses of the camphorated aromatic powder, one of which again was probably superfluous.

Case 6th was that of myself. I am particularly liable to the disorder when prevalent, being affected with diarrhœa upon any deviation from a calculated diet. Having experienced several attacks of no great violence, I was again seized with diarrhœa, on September 6th; the attack did not cede as I had usually found it readily do to an opiate, but degenerated into choleraic diarrhœa, under which phase it remained from the 7th to the 10th, notwithstanding I continued occasionally to take, with but fugitive benefit, if any, 10 drops of laudanum with one of essence of peppermint. At 7, A.M., of the latter date, violent cholera supervened, from exposure on the previous evening to foetid emanations from a sewer grating. Having again resorted to the opiate without relief, I determined to commit myself to the course which had proved efficacious in the preceding cases. I suppose my intellectual faculties partook of my bodily hebetude, for I confess, though not alarmed, I felt misgivings as to the probability of deriving benefit thence. My hesitation was groundless, for I recovered immediately after taking the camphorated aromatic, experiencing first a glowing sensation in the stomach, which speedily diffused itself over the whole body, the complaint vanishing almost instantaneously. I had no return of cholera, but repeated attacks of diarrhœa, which were at once dissipated by a dose of the camphorated aromatic.

I soon collected that camphor alone sufficed to cure the symptoms of cholera, but then diarrhœa



often remained ; whereas the combination was completely effectual in obviating every symptom of either.

The four cases next recorded occurred at Brompton, on the 22nd, 23rd, 24th, and 25th, in one family, to whom I had given the prescription. The results were identical.

Case 11th. Mr. H. J., Jun., æt. 17 ; Stamford Street, Blackfriars, returned from Weymouth to London, on the 3rd of October. He stated that during the journey he had experienced uneasiness in the bowels, and also on the evening of his arrival. Early in the morning of the 4th he was seized with cholera ; his account continued thus : “ I had four “operations” (described as choleraic), “upon which “I sent the prescription you had forwarded for use “in case of need, to be prepared by the nearest “medical man, who urged more active measures in “so pressing an emergency ; notwithstanding which “I took your medicine, and felt immediately better.” He had despatched a summons for me at the same time, but was well before I arrived. He reported subsequently. “Dined at 4, p.m., upon roast mutton “and potatoes, after which I had occasion to take “another powder, and have had no return of the “complaint.”

In vain I recommended several professional friends deeply engaged with the epidemic to try this remedy. Although they freely lamented their want of success, all fancied it too trifling to be depended upon in a



disorder which, unless taken early, had baffled every method of management. All hesitated when the mortality was so fearful to tread a path unbeaten by precedent publicity, and unrecommended by the official curators of the public weal in the matter of health: for the public journals declined publishing my communications on the subject, whilst the Medical Council of the Board of Health stated they could not interfere. Only one organ devoted to professional intelligence received my propositions favourably; yet numerous individuals, unconnected with the faculty, used the medicine with the happiest effects, in the absence of medical aid.

I soon became aware of what I had not previously been informed, viz., that camphor in small doses was considered a homœopathic remedy, although it had also been extensively and successfully employed, remedially and prophylactically, by many not assenting to those eccentric doctrines. Therefore, having previously placed the results of my observations at the disposal of the Medical Council of the Board of Health, in order that they might be tested in the public institutions, I again urgently pressed the discovery upon their notice, considering the verification of its virtues a very important fact. I likewise transmitted communications upon the subject to the Secretaries for the Home Department, and for War, as well as to the chiefs of the Medical Departments of the Army and Navy. I have to thank the latter gentlemen, Sir W. Burnett and Dr. Andrew Smith,

for the consideration they afforded, which indeed the importance of the subject called for. As I had reason to believe that the plan I communicated would be tried by individual practitioners, in those departments, I have anxiously looked for statements of the results.

I persisted, as opportunities presented, in testing further the virtues of camphor, &c., in cholera, and arrived at the conclusion that under watchful management, to combine it with other medicines and proper regimen according to the phases of the disease, it was undoubtedly capable of dissipating all the symptoms of the epidemic then raging.

As it respects the regimen best calculated to afford protection against the prevailing morbid influence, I found proper nutriment indispensable, administered in frequent but moderate meals, with cold unstimulating beverages. Abstinence from quantities of warm slops and from superabundance of farinaceous or other easily fermentible substances, particularly pulse, as peas, beans, &c., as also from apples and pears, was desirable. Simple biscuit, meat, fresh and salt, as well as fish, cured or fresh, in sound condition, and those fruits and vegetables not commonly producing flatulence, were not found objectionable; ginger beer and tartareous beverages were decidedly injurious. The effect of fermented liquors depended much upon previous habits, as to indulgence therein. Habitual excess operated as a deadly poison. If mo-

derately used I did not consider it requisite universally to interdict wine or beer ; indeed a single glass of sound port was occasionally used prophylactically, but with most advantage diluted. It also formed an admirable adjunct when opium had been previously taken, by giving it after an interval of a few hours. On the other hand, I had abundant cause to conclude that a very small quantity of beer, taken by persons unaccustomed to it, sufficed to induce cholera in its most alarming form. Nor did this effect always depend upon the soundness of the liquor, for in the most decided case of this kind the quantity scarcely exceeded a tablespoonful, and it was perfectly sound. In another severe instance which came under my notice, a considerable quantity of palpably unsound ale was traced as having excited the disease. The use of flannel over the abdomen I consider an admirable prophylactic adjuvant, provided due care be taken that it be not too heating ; for the functions of the skin, in the early stages, are often exaggerated in their action, coincidently with those of the alimentary surfaces. It is my impression that purgatives and other evacuants are rarely called for, and that they not infrequently tend greatly to aggravate the symptoms and augment the peril of the attack. I can yet believe that in a few cases, where the seizure is obscure and unattended by any profluvium, and where excess or misadaptation of ingesta is evidently the excitant, the expulsion of these by a briefly operating process may give immediate relief. In

the latter stages the analogy lies towards syncope or asphyxia.

As the temperature declined, and the official reports concerning the epidemic furnished a diminished number of cases, I perceived an alteration in the nature of the complaint. My attention was directed to this variation by the sudden failure of my hitherto invariably successful prescription, for the camphorated aromatic. Scrutinizing the symptoms more carefully, I ascertained that what the patient spoke of as cholera, diarrhoea, the prevalent complaint, &c., was a dysentery, into which the seizure had probably degenerated when the epidemic itself, as I found from comparison with other cases, had become altered in type. In this form it appeared less menacing but more obstinate than heretofore, sluggish in its course, and accompanied with fever of greater or less intensity, presenting exacerbations at night and daily remission. Here the camphorated aromatic, if not injurious as I suspected, was absolutely ineffective. I therefore proceeded to adopt such measures as I had found successful in similar cases in the warmer climates where I had resided and practised. The result was not such as to satisfy me. I therefore used ordinary remedies for the fever, as occasion required. One evening I thus directed a dose, consisting of three grains of camphor with an equal quantity of Dr. James' powder, and to my surprise, by my morning's visit all the symptoms of dysentery, as well as the fever, had disappeared. Schooled

by the delay of comprehension which led me in my second and third cases of cholera to defer the test I wished to put in practice, I determined at once to try this new combination in other cases, and had the satisfaction of finding my path again clear, the new phase of the disorder surrendering readily to it. The cure was not always as rapid as that effected in true epidemic cholera and diarrhœa by the camphorated aromatic powder, repeated doses at intervals, thrice a day for a day or two, being sometimes requisite. Nevertheless I never found it fail.

During the present year a new complication was frequent, which required singular attention, as it put on at different periods a type simulating gall stones, often with jaundice more or less complete, occasionally with flatulent colic or diarrhœa, with more fever than is usual in those affections; in fact approaching the character of yellow fever. This variation was not difficult to treat, according to the prominent symptoms, but it would be foreign to my present purpose to enter further upon it.

I consider it well to mention that camphor has before attracted the attention of the profession, and has in different hands and localities been variously reported of. This diversity and consequent neglect has, I conceive, partly depended upon the insufficient doses given, the treatment conjoined, and the facility, neglect, or impossibility of obviating the causes concurring and co-operating with the epidemic influence, such as deleterious emanations,

insufficient or improper diet, the want of salubrious water, &c. It is clear, that if the system be permitted to acquire a constant accession of contamination—the epidemic not being one of those which, running a definite course, leaves the patient in a better position, quoad the disease itself, as happens in the Exanthemata—perpetual watchfulness will be required to combat every notice of a relapse. Various circumstances will also demand varying combinations. Many drugs, aliments and condiments will probably be found therapeutically incompatible with camphor in choleraic disorders, as to a certain extent I found alcohol to be.

During the epidemic of 1849 I was residing in Tasmania, where it displayed itself as nearly as possible in the same aspect as that under which I witnessed it in England through August and September, 1854, although it was neither so general nor so fatal. Independent of repeated attacks of simple and choleraic diarrhoea, I myself experienced, during that period, three decided seizures of cholera. Besides the prevailing influence, I was subjected at that time to emanations from a badly-drained locality, but the actual seizures of cholera were clearly to be traced to errors in diet.

During the epidemic of 1831-2 I was in practice at Sydney, New South Wales, where it took the type of dysentery, and, as is usual with that disease in Australia, was often metastatic with rheumatism,

and curable by several methods which prove advantageous in that complaint.

It will strike every professional reader, that these observations demonstrate an almost absolute identity between the epidemic cholera of our days and that so fully described by Sydenham as devastating the metropolis upon the disappearance of the plague of 1665, continuing in the shape of cholera, diarrhœa, or dysentery, from 1666 to 1672 inclusive.

In attesting the virtue of camphor in epidemic cholera I by no means profess to believe the disease to be incurable by other means. On the contrary, I have observed that with respect to most complaints some practitioners find little difficulty with particular ailments, which the profession in general, notwithstanding the study and attention they devote to the science, consider very intractable. Yet, from some cause or other, no public intimations of these private and detached successes reach the profession, so as materially to influence general practice.

An objection has been advanced to the use of camphor in cholera, upon the plea of its laying a foundation for mental affections. This, I think, highly improbable, and scarcely compatible with our deductions from the extensive use of the remedy in many other diseases. I have never known it produce such an effect, nor have I the slightest apprehension of such a catastrophe. All remedies are liable to abuse. The more admirable its qualities when pro-



perly adapted, the more liable is a medicine to be misapplied.

The doses of camphor given by the Homœopathists were confessedly insufficient in the majority of cases to effect a cure, at least without repetition. In fact it appears to be with camphor in cholera as with quinine in ague—a certain amount exhibited at once is more efficacious than a much larger quantity distributed in small doses through intervals of some hours.

Camphor should be reduced to extreme subdivision before being administered, either through precipitation by water from a solution in spirit, which should be decanted, or by levigation with spirit, which then evaporates, or in preference by means of an oleaginous solvent. If given in the form of pills some Concrete Oil proves the best vehicle and powdered sugar the best covering matter.

If Camphor be nibbled, or taken in lump, it remains long undissolved in the stomach, operating with comparative slowness against the malady, and causing a dyspeptic sensation analogous to that complained of in scirrhus of the pylorus.

According to the Report of the Committee of Treatment, the aromatic confection, given alone, was of singular benefit in the epidemic diarrhoea, 142 cases being reported as cured thereby without a failure, the only instance of success in so large a number of cases to be found in that document. The doses in which it was given, and the necessity for



or frequency of repetition are not recorded. In the absence of these important elements no decision can be hazarded as to the exact amount of credit due to each component in the combination I used. With regard to the virtue of the confection itself, I take it to be less attributable to the composition than to one or other of its components. The ingredients, therefore, should be separately tested. They are all minute in quantity. Satisfied with the effects I witnessed, I durst not risk any delay in the cases in which I resorted to it. Trials of the nutmeg, cinnamon, &c., separately, would be best conducted in hospital practice, where the time of the experimenter may be at his command, and when he is at hand to supply any omission promptly before harm ensue.

My adoption of these remedies was necessitated by that species of demonstration which demands the unqualified assent of the observer himself, therefore a relation of the facts as they occurred is my only course towards influencing others. If boards and public journals decline to test one's statements, or to give publicity to them, or allow themselves to indulge a habit of snubbing whatever does not square with their own antiquated notions, there seems no plan but that I now pursue, by which to obviate the injury to the community, which might accrue from the concealment of an important revelation.

We should always keep in mind that compa-

atively few of our most useful remedies owe their adoption to the professors of medicine; nay, they are generally forced upon our notice. Our functions consist more in the collection and application of facts gathered by the multitude, the adaptability of which to particular occasions we, from our acquaintance with the structure of our system, and with the collateral sciences, are capable of pronouncing a judgment upon, with less risk of error than others. Still our analogies are often imperfectly deduced, and our premises are not unfrequently incorrect, so that we cannot be justified in resisting innovations where facts can be adduced in support of them.

How far the results of the tabulation of the treatment of the cholera of 1854 would have been modified, had the cases furnished to the Medical Committee by Homœopathic practitioners been included in the report, I have no means of judging. My cases were perhaps excluded, under the erroneous impression that I was of that sect, from having used camphor as a remedy. That they were omitted, notwithstanding my name appears in the list of contributors, I gather from finding, that no case is given as treated by the combination I employed, whilst of those represented to have been treated by camphor, none coincide with the results of the cases I furnished. If mine were rejected upon these grounds, I protest against the proceeding, as in opposition to the purposes set forth in

the Report (p. 6), where the aims of the committee are thus stated :—

“ III. With the object of increasing for our profession the present INSUFFICIENT RESOURCES OF MEDICAL TREATMENT, we have endeavoured to procure comparative *records of various therapeutical experience*, successful or unsuccessful, and have invited from persons versed in such inquiry an elucidation of those questions in the *practical pathology of cholera* which appeared to us most urgent for solution.”

I am at a loss to conjecture how, consistently with this declaration, any duly reported cases, sent in *bonâ fide*, by qualified practitioners, could be excluded from the report ; for it is not a subject of mere dilettanteism, nor even of philosophical speculation, but a matter affecting the first interests of mankind, and therefore not to be trifled with, nor mooted under the influence of prejudice or partiality.

During the present year, although cholera has not been very prevalent in England, it would not be far from the mark to estimate the amount of its ravages upon the inhabitants of the globe at one-fourth of a million, that is to say, it has probably destroyed within the current year one-fortieth per cent. of the whole human race. It has just been reported that in the Punjaub above 90,000 victims are reckoned ; and when we add the losses in the Brazils, Madeira, and the interior of Europe and

Asia, it will be seen that this calculation is by no means excessive. Can we imagine any more cogent reason for being duly prepared to meet such an antagonist at any moment, collectedly and unimpassionedly, than the possibility of its return to our own shores with augmented virulence; seeing it is not always dependent upon appreciable vitiation of the atmosphere, nor altogether preventible by sanitary precautions?

